## Case 19-12694-jkf Doc 23 Filed 09/04/19 Entered 09/04/19 17:13:50 Desc Main Document Page 1 of 2

Fill	in this information t	o identify your c	ase:								
Del	btor 1	Robin K. Ing	ram								
1 -	btor 2 buse, if filing)										
Uni	ited States Bankrup	tcy Court for the	: EASTERN DISTRICT	Γ OF PENNSYLVANIA							
Cas	se number 19-	12694			Che	ck if this is:					
(If known)					■ An amended filing						
						A supplement showing postpetition chapter 13 income as of the following date:					
0	fficial Form	<u> 1061</u>			į	MM / DD/ YYYY					
S	chedule I: `	Your Inco	ome					12/15			
atta	ch a separate shee	et to this form.		rith you, do not include info ional pages, write your nam							
١.	information.	Oyinent		Debtor 1		Debtor 2	or non-filing spouse				
	If you have more	te page with	Employment status	■ Employed		☐ Employed					
	information about a employers.		_mproyment status	□ Not employed		☐ Not employed					
			Occupation	Uber Driver							
	Include part-time, seasonal, c self-employed work.		Employer's name	LYFT							
	Occupation may i or homemaker, if		Employer's address	2300 26th Street San Francisco, CA 94	107						
			How long employed t	there? <u>1 year</u>							
Pai	rt 2: Give De	tails About Mor	nthly Income								
	mate monthly incouse unless you are		ate you file this form. If	you have nothing to report fo	or any line, wr	ite \$0 in the	space. Include your non-	filing			
	ou or your non-filing e space, attach a se			combine the information for all	l employers fo	or that perso	on on the lines below. If yo	ou need			
					For De	ebtor 1	For Debtor 2 or non-filing spouse				
2.			ry, and commissions (b calculate what the month		\$	0.00	\$ <b>N/A</b>				

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0.00

0.00

+\$

\$

N/A

N/A

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

Debt	tor 1	Robin K. Ingram	_	С	Case number (if known)	19-126	94		
					<b>5</b>		1.4	•	
					For Debtor 1	For Debtor 2 or			
	Cany line 4 have			_	r 0.00		ling s	pouse	
	Cop	y line 4 here	4.		\$	\$		N/A	<u> </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		\$ 0.00	\$		N/A	
	5e.	Insurance	5e.		\$ 0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$ 0.00	\$		N/A	_
	5g.	Union dues	5g.		\$ 0.00	\$		N/A	_
	5h.	Other deductions. Specify:	5h		:	+ \$		N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ 0.00	\$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 0.00	Ψ \$		N/A	_
			٠.	`	Ψ <u>U.00</u>	Ψ		IN/A	<u> </u>
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.		\$ 248.59	\$		N/A	
	8b.	Interest and dividends	8b.		\$ 0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent							_
		regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce	0-		r 0.00	æ		N1/A	
	0.1	settlement, and property settlement.	8c.		\$ 0.00	\$		N/A	
	8d.	Unemployment compensation	8d.		\$ 0.00	\$		N/A	_
	8e.	Social Security	8e.		\$	Ф		N/A	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance							
		that you receive, such as food stamps (benefits under the Supplemental	,						
		Nutrition Assistance Program) or housing subsidies.							
		Specify:	8f.		\$ 0.00	\$		N/A	
	8g.	Pension or retirement income	8g.		\$ 2,833.03	\$		N/A	<u>.</u>
	8h.	Other monthly income. Specify:	_ 8h	+	\$ 0.00	+ \$		N/A	_
				Г					_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,081.62	\$		N/	A
10.		•	10.   \$	§	3,081.62 + \$		N/A	= \$_	3,081.62
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	Stat	e all other regular contributions to the expenses that you list in Schedule	. J.						
		ide contributions from an unmarried partner, members of your household, your	depe	ende	ents, your roommate	s, and			
		r friends or relatives.							
	Do r Spe	not include any amounts already included in lines 2-10 or amounts that are not	availa	able	e to pay expenses lis	ted in So		e J. +\$	0.00
	Spe						11.		0.00
12	. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.								
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it								
	appl	ies					12.	\$	3,081.62
								Combi	ned
									ly income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?						-
		No.							
		Yes Explain:							

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